

NPDES INSPECTION CONCLUSION DATA SHEET	
Facility Site Name	Patuxent MHC, LLC
Facility Street Address	5830 Sands Road
Facility City, State & Zip Code	Lothian, MD 20711
Facility Latitude (decimal degrees)	38.816389
Facility Longitude (decimal degrees)	-76.696389
Compliance Monitoring Activity Name	Information Requirement Letter (sent 7/1/20)
NPDES Permit Number	MD0024694
Actual Inspection Start Date	Click here to enter a date.
Actual Inspection End Date	Click here to enter a date.
Federal Statute	CWA
Law Section	NPDES - Other Permit Violations-base Program, Limits, Reporting, Schedule
Compliance Monitoring Type	Case Development
Compliance Monitoring Action Reason	Core Program
If State, Local or Tribal Lead did EPA Assist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this a State, Federal or Joint (Monitoring Activity)	<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Joint (State/Federal)
If Joint, what was the purpose of the other party?	Choose an item.
Which party had the lead?	<input type="checkbox"/> State <input type="checkbox"/> EPA
Compliance Monitoring Agency Type	Choose an item.
Single Event Violation (SEV)	
Did you observe any deficiencies (potential violations) during the on-site inspection? (If yes please answer the following)	<input type="checkbox"/> Yes <input type="checkbox"/> No
List deficiencies (potential violations) noted during the inspection	<input type="checkbox"/> a) Potential emission in violation of regulations <input type="checkbox"/> b) Potential failure to complete or submit a notification, report, certification or manifest <input type="checkbox"/> c) Potential failure to follow a permit condition(s) <input type="checkbox"/> d) Potential failure to follow a required sample monitoring procedure or laboratory procedure <input type="checkbox"/> e) Potential failure to follow or develop a required management practice or procedure <input type="checkbox"/> f) Potential failure to identify or manage a regulated waste or pollutant in any media <input type="checkbox"/> g) Potential failure to maintain a record or failure to disclose a document <input type="checkbox"/> h) Potential failure to maintain/inspect/repair meters, sensors, and recording equipment <input type="checkbox"/> i) Potential failure to obtain a permit, product approval, or certification <input type="checkbox"/> j) Potential failure to report regulated events such as spills, accidents, etc.

	<input type="checkbox"/> k) Potential incorrect use of material (pesticide, waste, product) or use of unapproved material <input type="checkbox"/> l) Potential violation of a compliance schedule in an enforceable order
If you did observed deficiencies, did you communicate them to the facility during the inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you observe or see the facility take any action during the inspection to address the deficiencies noted? If yes, identify the actions taken actually observed/seen and/or write a short description of the action below. Actions taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a) Complete(d) a Notification or Report <input type="checkbox"/> b) Correct(ed) Monitoring Deficiencies <input type="checkbox"/> c) Correct(ed) Record Keeping Deficiencies <input type="checkbox"/> d) Implemented New or Improved Management Practices or Procedures <input type="checkbox"/> e) Improved Pollutant Identification (e.g. labeling, manifesting, storage, etc.) <input type="checkbox"/> f) Reduced Pollution (e.g., use reduction, industrial process change, emissions or discharge change, etc.) <input type="checkbox"/> g) Request(ed) a Permit Application or Applied for a Permit <input type="checkbox"/> h) Verified Compliance with Previously Issued Enforcement Action - Part or All Conditions
Did you provide general compliance assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you provide site-specific compliance assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIC Code [HYPERLINK "https://www.osha.gov/pls/imis/sicsearch.html"]	6515
NAICS Code [HYPERLINK "http://www.naics.com/search/"]	
Media Monitored	
SNC NCI	YES
OCEA National Priority	NPDES SNC NCI
*For Information Request Letters what is the date the Letters were sent out.	7/1/20
Regional Priorities (Pick Only one)	<input type="checkbox"/> Region 3 – Chesapeake Bay Watershed <input type="checkbox"/> Region 3 – Climate Change <input type="checkbox"/> Region 3 – Direct Implementation <input type="checkbox"/> Region 3 – Elizabeth River initiative, VA <input type="checkbox"/> Region 3 – Federal Facilities Chesapeake Bay Watershed <input type="checkbox"/> Region 3 – Healthy Waters
Number of days conducting inspection	
Number of hours conducting inspection	
Inspection Government Contacts	
EPA Inspector(s)	
Case Developer(s)	Jennie Brancho, 3ED32

State Inspector(s)	
Inspection Report Completed Date	
Inspection Report Sent to Facility Date	